A Provider Guide for the Greater New Orleans Area
Transitioning Your Adolescent and Young Adult Patients

Who have special health care needs and disabilities

DEPARTMENT OF HEALTH AND HOSPITALS
Children's Special Health Services

Provider Transition Guide:

- ✓ **Identify adolescents in your clinic who have special health care needs**
- ✓ **Mark their charts for quick identification during clinic visits**
- ✓ **Allow for more time during their appointments**
- ✓ **Ensure that your staff know to engage adolescent patient's privately during office visits**
- ✓ **Inform your adolescent patients' family that he/she will speak one-on-one with you and your staff during office visits**
- ✓ **Make a care plan to ensure all health care transition topics have been covered**
- ✓ **Have in place a Practice Transition Policy that discusses the steps involved for transferring adolescent patients with special health care needs to providers who care for adults with special health care needs**

Action points to include:

Encourage medical responsibility for presenting conditions

- ○ Review medical history, baseline data, treatments, and medications with your adolescent patient and provide him/her copies
- ○ Speak to your adolescents more frequently about test results, treatment plans, etc., to engage him/her in becoming more active with his/her care
- ○ Teach your adolescent patients on how to recognize warning signs/symptoms that warrant emergency assistance
- ○ Identify any cultural or treatment beliefs that may influence your adolescent patients' agreement with medical guidance, and/or ability to incorporate them into his/her lifestyle

Provide anticipatory guidance for:

- ○ Health insurance coverage after age 18 or 26; discuss with adolescent/family and refer as needed
- ○ Safety in being independent and having an emergency information form with them at all times
- ○ Any nutritional or weight concerns, and discuss exercise/activity program
- ○ Educational goals: High school Diploma; GED; GEE; LEAP; I-LEAP; LAA2 advise the adolescent accordingly
- ○ Social predictors for health: sexuality and special health care needs, family planning and inheritable traits, drug abuse (drug interactions), and mental and behavioral health
- ○ Waiver programs through OCDD (www.jphsa.org or www.mhsdla.org)
- ○ Consent and confidentiality issues, and how this changes when the adolescent patient turns 18
- ○ A plan, if necessary for a Power of Attorney, or Partial Guardianship (www.advocacyla.org)

Discuss readiness for transition:

- ○ Discuss insurance programs with the adolescent/family and waiver programs when appropriate
- ○ Discuss potential adult providers and sub-specialists to see when he/she is an adult and give a list
- ○ Encourage your adolescent patients to meet with various adult providers to select a their new PCP

Transfer to a new health PCP:

- ○ After selection of a PCP, write a medical summary and transfer records to the new PCP, and provide a copy to the adolescent as well
- ✓ Arrange meeting with adolescent and their family after the adolescent has transferred in order to ensure satisfaction and that the transfer was minimally disruptive on their health condition status
- ✓ Contact the new PCP as needed for any follow-up

Community Resources: *Family Resource Center* assists families with locating resources for children and youth with special health care needs (504) 896-1340. *Families Helping Families* provides information and parent-to-parent support for families of children with special health care needs. Two offices: In Orleans Parish (504) 943-0343, and in Jefferson Parish (504) 888-9111 www.fhfsela.org ; www.fhfjefferson.org